

353 S Broadway St
 P.O. Box 155
 Stanley, Wisconsin
 54768-0155
 715-644-5758
 www.stanleywisconsin.us

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

NEW

RENEWAL

PROVISIONAL

TO THE COMMON COUNCIL OF THE CITY OF STANLEY, WISCONSIN:

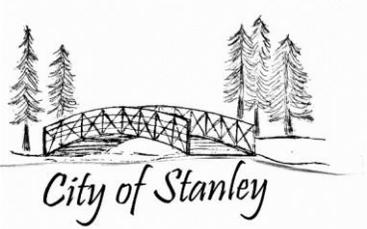
I, hereby apply for a license to serve, from the date hereof to **JUNE 30**, _____ inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Section 125.17(1) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or local, affecting the sale of such beverages and liquors if a license is granted to me. I certify to the following information:

Driver's License or ID#		DL State	Date of Birth	Phone No.	
Male <input type="checkbox"/>	First Name		Middle Name	Last Name	
Female <input type="checkbox"/>					
Street Address			City	State	Zip
Name of Business (Where are you using this license?)			Street Address of Business		

- If you checked NEW above—have you completed the Bartenders Training Course in the State of Wisconsin or held a bartender's license in the State of Wisconsin within the last 2 years? YES NO
(Please attach a copy of class certificate or bartender license from another municipality)
- Have you EVER been convicted of any felony OR violating any law of the State of Wisconsin or of the United States? NO YES (If yes, please fill out the questionnaire on the back of this page)
- Are there any CRIMINAL charges PRESENTLY PENDING against you? NO YES (If yes, please fill out the questionnaire on the back of this page)
- Have you been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquor? NO YES (If yes, please fill out the questionnaire on the back of this page)
- Have you EVER changed your name? YES NO
 If YES, list other names you have had: _____

Applicant's Signature

Application Approved By: _____ (Chief of Police)	Date Received: _____ Date Approved: _____ License #: _____
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Date of Conviction (If Any): _____

Nature of Offense: _____

If so, which COUNTY did the offense occur? _____

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